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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO. 112 600563	FILED DATE 06-19-03												
APPLICANT(S) 6/23/04 1/24/05 CLAIMS							6/23/05 1/24/05													
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT															
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	IND	DEP					
1							51													
2							52													
3							53													
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45							95													
46							96													
47							97													
48							98													
49							99													
50							100													
TOTAL IND. 6							TOTAL IND. 16							TOTAL IND. 20						
TOTAL DEP. 57							TOTAL DEP. 84							TOTAL DEP. 82						
TOTAL CLASSES 63							TOTAL CLASSES 100							TOTAL CLASSES 102						

# CLAIMS ONLY

(2)

Application Number

10/600 563

Filing Date

Applicant(s)

8/30/05

\* May be used for additional claims or amendments

12/6/05

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1			/		/	
2				/		/
3				/		/
4				/		/
5				/		/
6				/		/
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45			/		/	
46				/		/
47				/		/
48				/		/
49				/		/
50				/		/
Total Indep						
Total Depend						
Total Claims						

	Indep	Depend	Indep	Depend	Indep	Depend
51			/		/	
52				/		/
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98						
99						
100						
Total Indep			20		20	
Total Depend			82		82	
Total Claims			102		102	